CENTRON SECURITY SERVICES

Daily Security Report

Client No.	Client Name	Location	Date
2036	O H Materials	1002 Oswego ST	5/17/84

Facility Equipment	Detex Clock	Weapon No.	Holster	Nightstick	Raincoat	Flashlight	Other
1		—	—	—	1	1	2/keys + Log Book

Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.

	Officer—Day Shift (Name): Kenneth Frolif	Officer—Swing Shift (Name): Ofc Del Vecchio	Officer—Grave Shift (Name): Robert Dealing
Shift Began / Ended	8 AM — Ended 4 PM	4 PM — Ended 12 AM	12 AM — Ended 8 AM

Observations or actions taken	Yes	No	Explanation	Yes	No	Explanation	Yes	No	Explanation
Rounds or stations missed		✓			✓			✓	
Unlocked doors, gates or windows		✓			✓			✓	
Unlocked vaults or safes		✓			✓			✓	
Fire-smoke-or hazards		✓			✓			✓	
1. Extinguishers missing or defective		✓			✓			✓	
2. Sprinkler system defective		—			✓			✓	
3. Fire doors or exits blocked		✓			✓			✓	
4. Rubbish accumulation		✓			✓			✓	
5. Motors running		✓			✓			✓	
6. Lights left burning		✓		✓		As required	✓		As required
Injury hazards		✓			✓			✓	
Visitors	✓			✓		Jerry; Don TAT		✓	
Trespassing		✓			✓			✓	
Violation of company rules		✓			✓			✓	

Remarks No one on site today, they will be coming in tonite or maybe early tomorrow morning K.F.

IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.

	Day Shift 1 / 2 / 3	Swing Shift 1 / 2 / 3	Grave Shift 1 / 2 / 3
1. Were you injured during this tour?	Yes (No) / Yes No / Yes No	Yes (No) / Yes No / Yes No	Yes (No) / Yes No / Yes No
2. Did you suffer any illness?	Yes (No) / Yes No / Yes No	Yes (No) / Yes No / Yes No	Yes (No) / Yes No / Yes No
3. Have you reported all accidents coming to your attention?	(Yes) No / Yes No / Yes No	(Yes) No / Yes No / Yes No	(Yes) No / Yes No / Yes No
Signatures 1	Day Shift: Kenneth Frolif	Swing Shift: Kevin Del Roto	Grave Shift: Robert Dealing
Signatures 2			
Signatures 3			

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